

**Interim Designation of Agent to Receive Notification
of Claimed Infringement**

Full Legal Name of Service Provider: Pima County Community College
District, District Central Office

Alternative Name(s) of Service Provider (including all names under which the service provider is doing business): _____

Address of Service Provider: 4905 C EAST BROADWAY, TUCSON, AZ
85709-1130

Name of Agent Designated to Receive
Notification of Claimed Infringement: Robert House

Full Address of Designated Agent to which Notification Should be Sent (a P.O. Box or similar designation is not acceptable except where it is the only address that can be used in the geographic location):

SAME

Telephone Number of Designated Agent: 520-206-4989

Facsimile Number of Designated Agent: 520-206-4990

Email Address of Designated Agent: bhouse@pimacc.pima.edu

S _____ Officer or Representative of the Designating Service Provider:

Date: Dec. 4, 1998

Typed or Printed Name and Title: Robert House, Senior Assistant
for Policy and Governance

**Note: This Interim Designation Must be Accompanied by a \$20 Filing Fee
Made Payable to the Register of Copyrights.**

RECEIVED

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